

Work Order ID 108519

108519

Page 1

October-17-13 1:51:07 PM

Item ID: D2269

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Placard

Stop *NS2*

Start Date: 10/17/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 10/17/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-10-17 Tooling:

Date:

Run Start *NR1*

QC: Date: SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2269	Rev B1

100 0.00

100

Purchasing

PURCHASING

Memo

0.00

Purchasing

Issue P/O: 21791 Make per Dwg D2269 Manufacture from 3M 7mil
masking film p/n 8522CP or Avery IPM no.2031 Material release note required

CL 13/10/22 (12)

110 0.00

110

Packaging

Receive & Inspect for Damage & Mat'l Certs

Memo

0.00

Packaging

Ensure material release note is attached

10 13/11/14 (12)

120 0.00

120

QC

QC6- Inspect dimensions to drawing

Memo

0.00

Quality Control

DAS

27

9-89

B 11.04

12

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update </div> </div>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab </div> <div> <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite </div> <div> <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier </div> <div> <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized
☐ Over/Under tolerance
☐ Part Incorrect
☐ Part Lost/Missing
☐ Part Moved
☐ Positioned Wrong
☐ Power Loss/Surge

☐ Pressure/Forced
☐ Temperature/Cure
☐ Weld
☐ Wrong Stock Pulled
☐ Other

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Page 2

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>ST008</u>	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

12x ^{DAS} 28 13-11-4
9-89

[Signature] 13/11/07

MF
13-11-05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

October-17-13 1:51:07 PM

Page 1 / 1

Work Order ID: 108519

Parent Item: D2269

Parent Item Name: Placard

Start Date: 10/17/13

Required Date: 10/17/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: B 01.04.09 Re-format EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2269P Placard		Purchased	No			100	Each	0.0000	1	12		10/17/13	(12)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	---

DART

DESIGN	DRAWN BY	DART AEROSPACE LTD VICTORIA INTERNATIONAL AIRPORT, CANADA	
B WILLIAMS	MIKE M	DRAWING NO.	REV. B
CHECKED BW	APPROVED 	D2269	SHEET 1 OF 1
DATE	TITLE		SCALE
96:05:27	PLACARD		1:1
B	96.05.29	UPDATED PLACARD	
B1	01.04.10	ADD MATERIAL NOTE IP	

WHEN COMPARTMENT EXTENSION IS USED
MAXIMUM COMBINED LOADING OF EXISTING
COMPARTMENT AND EXTENSION IS NOT
TO EXCEED 72 Kg. (158lb.)

108519 MGS
13-10-17



MATERIAL: BLACK LETTERS ON WHITE ADHESIVE BACK
MANUFACTURED FROM 3M 7 MIL MASKING FILM #8522CP



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO21791**

Purchase Order Date 10/22/2013

PO Print Date 10/28/2013

Page Number 1 of 1

Order From :

VC-STU001

Ship To : DART AEROSPACE LTD

STUDIO DE LETTRAGE 2001
210 MAIN WEST
HAWKESBURY, ON K6A 2H6
CA

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone 613 632 5449

Ship To Contact

Ship To Phone

Ship Via:

Ship Acct:

Buyer

Customer POID

Customer Tax #

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

REVISED \$

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D2268P AS PER DWG D2268 REV. B B108428	Placard	10/28/2013 Yes 10/28/2013		12.00 Each	\$7.08	\$85.00
						Line Total:	\$85.00
2	D2269P AS PER DWG D2269 REV. B B108519	Placard	10/28/2013 Yes 10/28/2013		12.00 Each	\$7.08	\$85.00
						Line Total:	\$85.00
						PO Total:	\$170.00

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.
No substitution or deviation without consent.
Certificate of Conformity or Material Certification required **YES** NO
PST# 6122-5207

Change Nbr:

2

Change Date: 10/28/2013

210 Main Street W
Hawkesbury, Ontario K6A 2H6

Invoice No.: 21144
Date: 10/31/2013
Ship Date:
Page: 1
Re: Order No. WO11159

Dart Aerospace Ltd
1270 Aberdeen
Hawkesbury, Ontario K6A 1K7

Dart Aerospace Ltd
Hawkesbury, Ontario

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
		12	Stickers D2268P Placard	H	2.9167	35.00
		1	Set up	H	50.0000	50.00
		12	Stickers D2269P Placard	H	2.9167	35.00
		1	set up	H	50.0000	50.00
			H - HST 13%			
			HST			22.10
Studio de Lettrage HST: #825007651RT0001 Shipped By: Tracking Number:						
Comment:						
Sold By:						
					Total Amount	192.10

****Certificate of Conformity****

Customer:

Studio Ktrage

Purchase Order #:

Packing Slip #:

Part #:

Serial #:

21144

Description:

Quantity:

stickers

24

Certification:

We hereby certify that:

1. The above the listed items were manufactured, repaired and/or inspected in accordance with applicable drawings and/or specifications;
2. All work was accomplished in accordance with the Dart Aerospace Purchase Order;
3. Results of all inspections, chemical or physical tests, as well as other evidence, which shows the acceptability of raw materials, parts and/or assembly components are on file and available for inspection at any time.

Authority:

Avery

APPROVAL:

Alexa Fleury

DATE:

1st November 2013

Signature:

Alexa Fleury

Title:

Project coordinator

PRODUCT DATA SHEET



Avery® IPM™ 2031

issued: 01/04/2005

Introduction

Avery® IPM™ 2031 is a high quality pressure-sensitive vinyl film, designed for use on wide format inkjet printers. Avery® IPM™ 2031 has excellent printing properties, allowing crisp print quality with bright and vibrant colours. Avery® IPM™ 2031 offers rapid ink drying and a water-resistant material. It combines good adhesion during its life and easy removal afterwards.

Description

Facefilm: 80-micron premium white calendered, topcoated vinyl.
Adhesive: removable, acrylic based
Backing paper: one side coated kraft paper, 140 g/m²

Features

- Excellent printability
- Vibrant and bright colours
- Crisp print quality
- Spray water resistant with specific pigmented inks
- Good adhesion, excellent removability
- Warranty on outdoor durability

Recommendations for use

A wide variety of full-colour graphics for indoor - and **short/medium term outdoor** applications such as posters, murals, displays, exhibition stands, vehicle graphics etc. Avery® IPM™ 2031 is suitable for application to a wide variety of substrates and will remove cleanly for up to 1 year after application.

IPM media should be handled with care as any surface contamination may affect the print quality. Media should be processed in an environment of 15-25°C and 30-70% relative humidity. After drying, the finished prints should be wrapped in polyethylene film and despatched flat or rolled with the printed side facing outwards. To protect prints against water, UV/light and abrasion, overlamination with a clear film is recommended. For specific details of Avery® DOL combinations, refer to "Technical Bulletin 5.3. Recommended combinations of Avery® Overlaminates and Avery® Digital Print Media"

Always test your combination of Avery® IPM™ medium, inkjet printer and inks prior to commercial use.

Compatibility

Avery® IPM™ 2031 is compatible with a broad selection of inkjet printers, when printing with pigmented, water based inks. For specific details refer to "Technical Bulletin 5.6 Avery Dennison Inkjet Print Media - Printer compatibility".

Durability:

Avery® IPM™ 2031 is warranted for outdoor use in conjunction with pigmented outdoor inks from HP, Encad and Colorspan. The warranted period varies from type of application and type of overlaminate from 18 months up to 5 years. For full details, see our Avery® IPM™ Outdoor warranty.



www.averygraphics.com

Graphics Division

Rijndijk 86, P.O. Box 118
2394 ZG Hazerswoude - The Netherlands
Tel +31 71 3421500 - Fax +31 71 3421538